



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

:

Yoichiro SAKO, et al.

Serial No.

:

09/406,486

For

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INFORMATION DISTRIBUTNG METHOD AND

SYSTEM

Filed

:

September 27, 1999

Examiner

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Backer, Firmin

Art Unit

3621

Confirmation No.

1659

745 Fifth Avenue

New York, NY 10151

l hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 15, 2004

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

September 15, 2004

Date of Signature

AMENDMENTUNDER 37 C.F.R. § 1.116

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This is responsive to the Final Office Action mailed on July 30, 2004, having a three-month statutory period for response set to expire on October 30, 2004. The Examiner is respectfully requested to amend the above-identified application as follows.

-1- 128105

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.

-2- 128105



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Sir: Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	26	Minus	= 26	0 ×	\$18(9)	= \$0.00
Independent claims	7	Minus	= 7	0 ×	\$86(43)	=\$ 0.00
	<u> </u>		Total additi this ame		\$ 0.00	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid _, or is paid herewith _.

This response is being filed within the month following the expiration of the term originally set therefor.

This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$0.00 is attached, which covers the cost of additional claims _____ petition

for extension of time.

Charge \$_ to Deposit Account No. 50-0320.

<u>X</u> Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

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September 15, 2004 Date of Signature

FROMMER LAWRENCE & HAUG LLP Attorneys for Applicant(s)

By: William S. Frommer Reg. No. 25,506 / Tel. (212) 588-0800